

IACME

Iowa Association of County Medical Examiners

2025 Dues Statement

Contact information will be listed in the member section of the IACME web site, iacountyme.org

Date _____

Name (please print): _____

Professional Title (for example, MD, DO, MEI, EMT): _____

Business or clinic name _____

Clinic Street or PO Box _____

City, Town and Zip Code _____

Phone: _____ Email*: _____

****Some office computer systems filter group emails. Because email is the primary means of communicating with IACME members, consider providing an alternative email address***

Do you have a formal appointment as an ME or MEI?

Yes _____ No _____

In which county or counties do you serve?

**Please make your check payable to IACME and mail it, with your dues statement, to:
IACME, PO Box 3522, Urbandale, IA 50323.**

_____ Physicians/Investigators \$100 _____ Associates \$90

Notice on tax deductibility of dues: Professional dues may be deducted as a necessary business expense for federal income tax purposes, but may not be deducted as a charitable contribution.

FOR STAFF USE ONLY

Date received _____ Dues paid by _____ Check number _____

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